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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050796

2014 AUG 25 AM 9: 02

MICHAEL B. BROWN
RECORDER

Case # 920141729

SURVIVORSHIP AFFIDAVIT

Comes now Margaret A Mathis, who being duly sworn upon her oath, deposes and says:

That, Margaret A Mathis is the surviving spouse of Thomas J Mathis aka Thomas J Mathis Sr, deceased who died domiciled in Lake County, Indiana, on March 24, 2014.

That Margaret A Mathis and Thomas J Mathis aka Thomas J Mathis Sr acquired title to certain real estate as husband and wife, said real estate being described as follows:

Lot 35 in Indian Ridge Addition Unit 3, Block 4, in the City of Crown Point, as per plat thereof, recorded in Plat Book 67 page 10, and amended by a plat of correction recorded in Plat Book 68 page 56, in the Office of the Recorder of Lake County, Indiana.

Property Address: 1522 W 100th Avenue, Crown Point IN 46307

Parcel No. 45-12-33-379-010.000-029

Affiant states that Margaret A Mathis and Thomas J Mathis aka Thomas J Mathis Sr continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Thomas J Mathis aka Thomas J Mathis Sr's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to remove Thomas J Mathis aka Thomas J Mathis Sr from the chain of title.

Executed: August 18, 2014

Signature

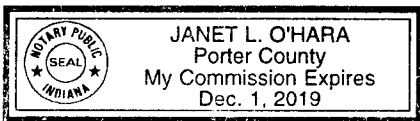
Margaret A Mathis
Margaret A Mathis

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State on the 18th day of August, 2014.

Witness my hand and Notarial Seal on this 18th day of August, 2014.



Janet L. O'Hara
Notary Public Janet L. O'Hara
Resident of Porter County
My Commission expires: 12/1/2019

Prepared by: Timothy R Kuiper
Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Janet L O'Hara

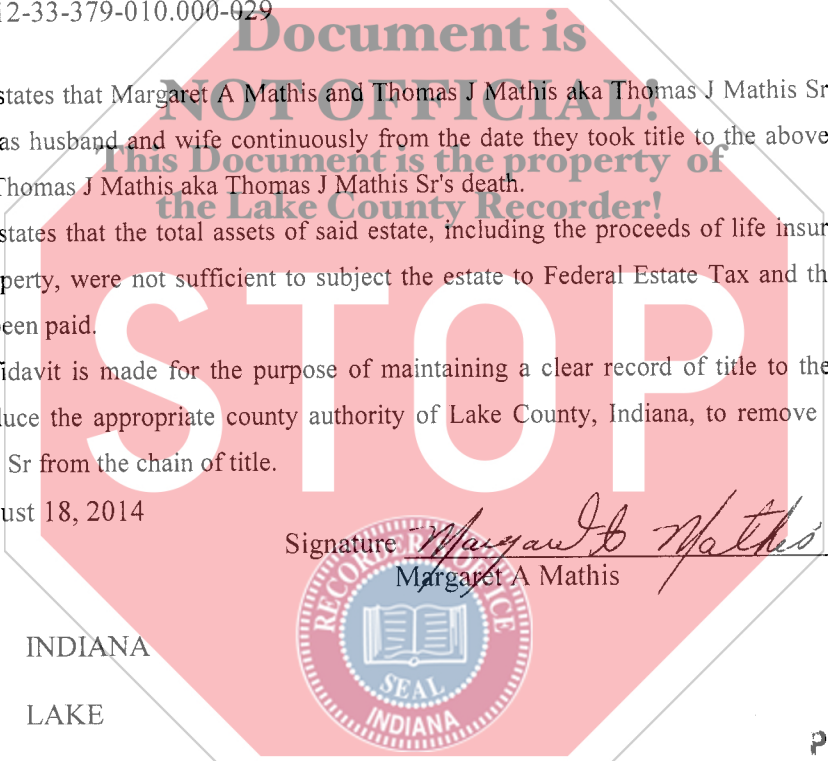
Return to: 285 Country Lane, Ringgold GA 30736

Timothy R Kuiper

REBELLY INTERNATIONAL

014567

920141729



FILED
AUG 22 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#13
FM
CS



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 13797

Local No 000959

EDR No 00000376578

State No 013510

1. Decedent's Legal Name (First, Middle, Last) THOMAS J MATHIS SR.				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 05:30 AM		4. Date Of Death (Month/Day/Year) 03/24/2014			
5. Social Security Number		6a. Age - Yrs 71		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
7. Date of Birth (Month/Day/Year) 09/28/1942		8. Birthplace (City and State or Foreign Country) GARY, IN											
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (if Not Institution, Give Street and Number) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE										12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099			
13. County Of Death LAKE				14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown									
15. Surviving Spouse's Name MARGARET A MATHIS				15a. (If Wife) Give Maiden Last Name MASSEY				16. Decedent's Usual Occupation ARCHITECTURAL ENGINEER				17. Kind Of Business/Industry RAILROAD	
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town CROWN POINT				18c. Street And Number 1522 WEST 100TH AVENUE	
18d. Apt. No.				18e. Zip Code 46307				18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White					
22. Father's Name (First, Middle, Last) GARLAND W MATHIS				23. Mother's Name (First, Middle, Last) HELEN M MATHIS				23a. Mother's Maiden Last Name HESFORD					
24. Informant's Name MARGARET A MATHIS				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 1522 WEST 100TH AVENUE, CROWN POINT, IN 46307					
25. Place Of Disposition													
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY				25c. Location - City, Town, And State MERRILLVILLE, IN					
28. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307				27a. Funeral Home License Number: FH83002445					
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE										27c. License Number (Of Licensee): FD20700059			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.													
Immediate Cause (Final Disease Or Condition Resulting In Death)													
A. <u>ACUTE MYOCARDIAL INFARCTION</u> Due to (Or As A Consequence Of):													
B. <u>CARDIAC ARREST</u> Due to (Or As A Consequence Of):													
C. <u>HYPERTENSION</u> Due to (Or As A Consequence Of):													
D. <u>HYPERLIPOPROTEINEMIA</u>													
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I													
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)					
38. Location Of Injury - State				38a. City Or Town				38b. Street & Number					
38c. Apt. No.				38d. Zip Code				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
39. Describe How Injury Occurred													
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS													
41. Signature, Of Person Certifying Cause Of Death: SURESH D REDDY, BY ELECTRONIC SIGNATURE										42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SURESH D REDDY, 8777 BROADWAY STE A, MERRILLVILLE, IN 46410										44. License Number 01038650A		45. Date Certified 03/26/2014	
46. Additional Funeral Service Provider:													
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE										49. For Registrar Only - Date Filed (Month/Day/Year): MAR 26 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													